

MAHONING COUNTY DOMESTIC RELATIONS COURT
NOTICE TO EMPLOYEE TO PROVIDE HEALTH INSURANCE

If you have been ordered by this Court to maintain or obtain health insurance under a child support order, you must comply with all of the following obligations in accordance with R.C. 3119.31 and R.C. 3119.32.

- (1) **Provide List of Policies:** Provide the other parent, the court and the child support enforcement agency, a list of the Group Health Insurance Policies, Contracts and Plans that are deemed available at reasonable cost and the name of the insurer that issues each policy, contract, or plan. R.C. 3119.31.
- (2) **Provide Information, Forms, Cards to Other Parent:** Provide the other parent with information regarding the benefits, limitations, and exclusions of the coverage, copies of any insurance forms necessary to receive reimbursement, payment or other benefits under the coverage, and a copy of any necessary insurance cards. R.C. 3119.32(A).
- (3) **Reimbursement Notice to Insurer:** Provide the insurer a statement setting forth the name, address, and telephone number of the individual who is to be reimbursed for out-of-pocket medical, optical, hospital, dental, or prescription expenses paid for each child under a statement that the health plan administrator that provides the health insurance coverage for the children may continue making payment for medical, optical, hospital, dental, or prescriptions services directly to any health care provider in accordance with the applicable health insurance. R.C. 3119.32(B).
- (4) **Designate Dependents:** Designate the children as covered dependants under any health insurance policy, contract, or plan for whom the person contracts. R.C. 3119.32(C).
- (5) **Sharing of Co-Payments/Deductibles:** You will be responsible for co-payments or deductible costs required under the health insurance policy, contract, or plan that covers the children in accordance with this Court's Standard Medical Schedule. R.C. 3119.32(D).
- (6) **Employer to Release Information:** The employer of the party ordered to maintain health insurance shall, upon written request of the other parent, release any necessary information concerning the health insurance coverage, including the name and address of the health plan administrator and any policy, contract or plan number, and to otherwise comply with any court order or notice. R.C. 3119.32(E).
- (7) **Names and Birthdates of Children:** You shall provide a statement setting forth the full names and dates of birth of each child who is the subject of the order. R.C. 3119.32(F).
- (8) **Thirty (30) day Compliance:** Comply with Items 2, 3 and 4 no later than thirty (30) days after the issuance of the order. R.C. 3119.32(G).
- (9) **New Employment/Insurance:** If the person required to obtain health care insurance coverage for the children subject to this child support order obtains new employment, the child support enforcement agency shall comply with the requirements of sections 3119.34 of the Revised Code, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the children in health care insurance coverage provided by the new employer. R.C. 3119.32(H).
- (10) **CSEA Notice to Court:** If you fail to obtain insurance coverage, the Mahoning County Child Support Enforcement Agency shall notify the Court of such failure within thirty (30) days of the order requiring the party to obtain coverage. R.C. 3119.43.
- (11) **Violation of Order as Contempt:** Failure to comply with any of the above provisions may be punished as contempt of court under R.C. 2705. R.C. 3119.44. If you are found in contempt for failing to obtain or maintain health insurance, and you have been previously found in contempt, the Court shall consider the failure to comply with the order as a change in circumstances for the purpose of modification of the amount of support due under the court child support order issued in accordance with section 3119.30 of the Revised Code. R.C. 3119.45.

All required notices which are to be directed to the Mahoning County Child Support Enforcement Agency shall be sent to:

MAHONING COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
345 Oak Hill Avenue
P. O. Box 119
Youngstown, Ohio 44501-0119